## Decision Memo for Ambulatory Blood Pressure Monitoring (CAG-00067R)

## **Decision Summary**

This memorandum announces our intention to change CIM Section 50-42 to clarify that a physician is required to perform the interpretation of the data obtained through ABPM, but that there are no requirements regarding the setting in which the interpretation is performed.

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## **Decision Memo**

This decision memorandum does not constitute a national coverage determination (NCD). It states CMS's intent to issue an NCD. Prior to any new or modified policy taking effect, CMS must first issue a manual instruction giving specific directions to our claims-processing contractors. That manual issuance, which includes an effective date, is the NCD. If appropriate, the Agency must also change billing and claims processing systems and issue related instructions to allow for payment. The NCD will be published in the Medicare Coverage Issues Manual. Policy changes become effective as of the date listed in the transmittal that announces the Coverage Issues Manual revision.

TO: Administrative File: CAG-00067R Ambulatory Blood Pressure Monitoring

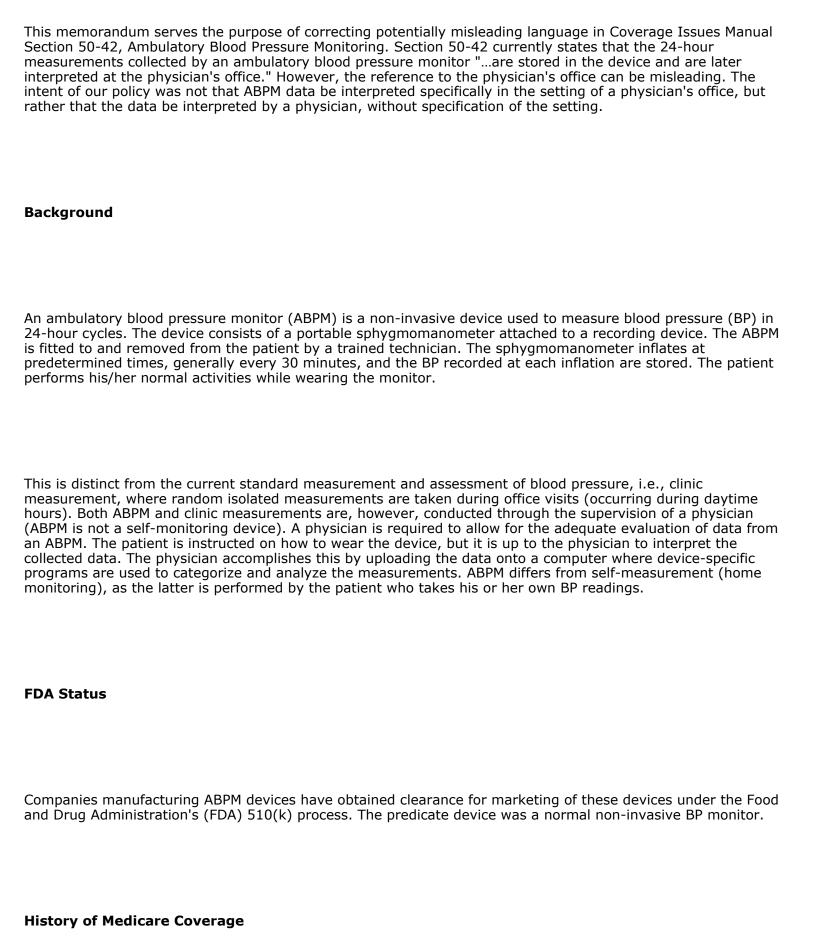
FROM:

Jeffrey Shuren, MD, JD Director, Division of Items and Devices Coverage and Analysis Group

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RE: Coverage Decision Memorandum for Ambulatory Blood Pressure Monitoring

DATE: January 16, 2003



Effective April 1, 2002, CMS began covering ABPM devices for those patients with suspected white coat hypertension. This coverage policy is listed in the Coverage Issues Manual Section (CIM) 50-42. The manual section defines suspected white coat hypertension as "1) office blood pressure >140/90 mm Hg on at least three separate clinic/office visits with two separate measurements made at each visit; 2) at least two documented blood pressure measurements taken outside the office which are <140/90 mm Hg; and 3) no evidence of endorgan damage."

CIM Section 50-42 also states that BP measurements stored in an ABPM device "...are later interpreted at the physician's office." It has been brought to our attention by CMS staff that this language could be misinterpreted to mean that coverage only applies if the physician interprets ABPM measurements in his/her office. However, the intent of our policy was not that ABPM data be interpreted specifically in the setting of a physician's office, but rather that the data be interpreted by a physician, without specification of the setting. We have also received a letter from the American College of Cardiology in support of this position. Therefore, we will amend the CIM language to reflect this clarification.

## **Decision**

This memorandum announces our intention to change CIM Section 50-42 to clarify that a physician is required to perform the interpretation of the data obtained through ABPM, but that there are no requirements regarding the setting in which the interpretation is performed.

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